

Public Health Performance Management Centers for Excellence

2013 Quality Improvement Grantees
Learning Congress

September 23, 2013

Improving WCHD's WIC Scheduling
Efficiencies Using Quality Improvement
Techniques

Whatcom County Health Department

Presented by Allison Williams & Judy Ziels

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Whatcom County

- Total population: 203,500
- 87,921 (43%) residing in unincorporated areas
- 73.4 FTEs and annual budget of \$18,676,874
- Quality improvement experience:
 - ⇒ 2011: Wrote Performance Management System & QI Plan
 - ⇒ 2011-2013: Meetings of new Performance Management Team: established criteria for new QI project selection and will be choosing new projects in fall 2013.
 - ⇒ 2010-2013: Completed three formal QI projects and 3 QI trainings



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WIC QI Project Team

- Kelly Molaski, Nutrition Services Supervisor
- Judy Ziels, Parent Child Health Supervisor
- Susan Sloan, Performance Management Specialist
- Allison Williams, WIC Certifier
- Astrid Newell, Community Health Manager



Project Identification

- Our overall goal was to increase the number of WIC-eligible clients served by maximizing use of available appointment time.
- **1,966 WIC-eligible individuals on Medicaid in Whatcom County who were not participating in a WIC program as of July 2013.**

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AIM Statement

By August 1, 2013, increase the number of eligible WIC clients served by maximizing use of available appointment time.

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Project Methodology

PLAN:

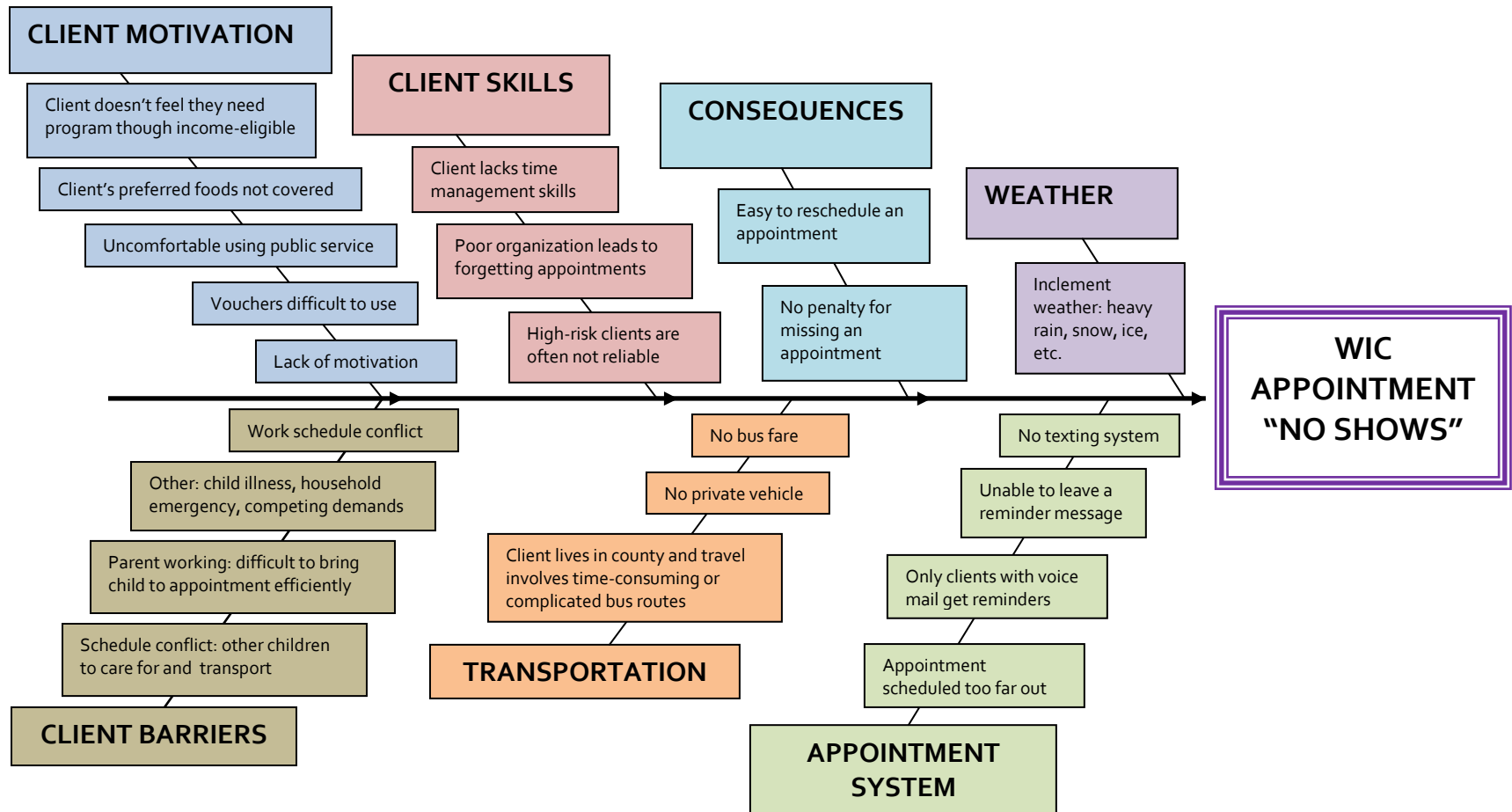
- Assembled the team
- Examined the current approach
- Identified root cause
- Developed solutions & an improvement theory.

DO: Tested our solution and theory.

CHECK: Studied the results

ACT: Standardizing the improvement & establishing future plans.

Quality Tools - Fishbone (Cause/Effect) Diagram



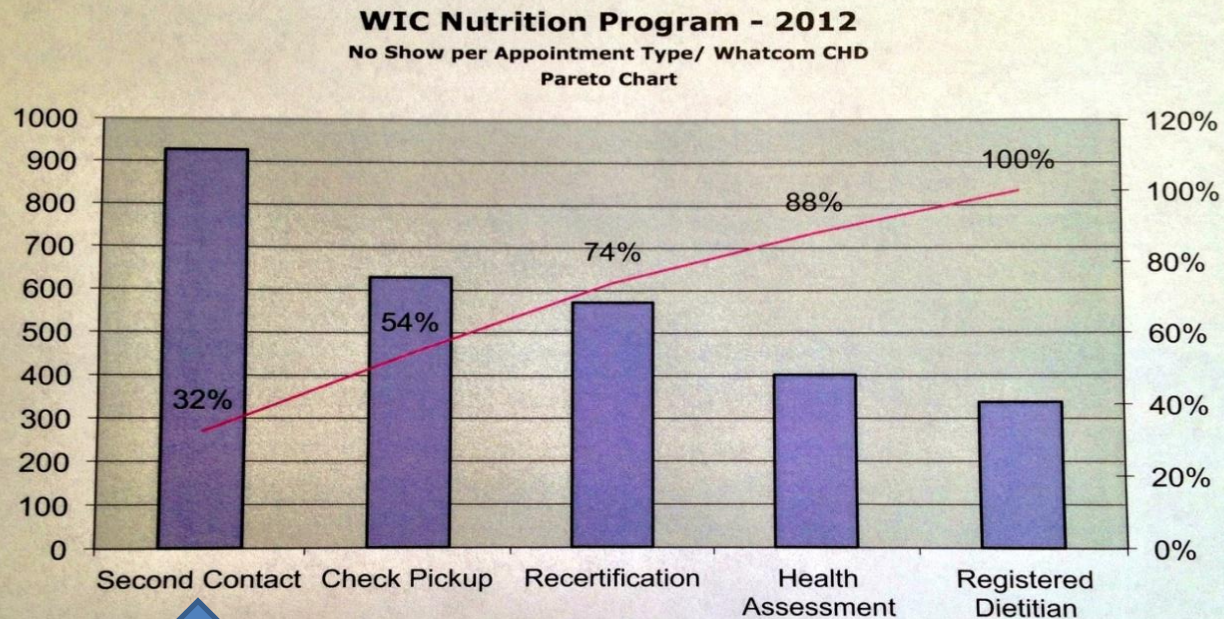
Client Survey Results

25 clients who missed an appointment during a four-week period were surveyed:



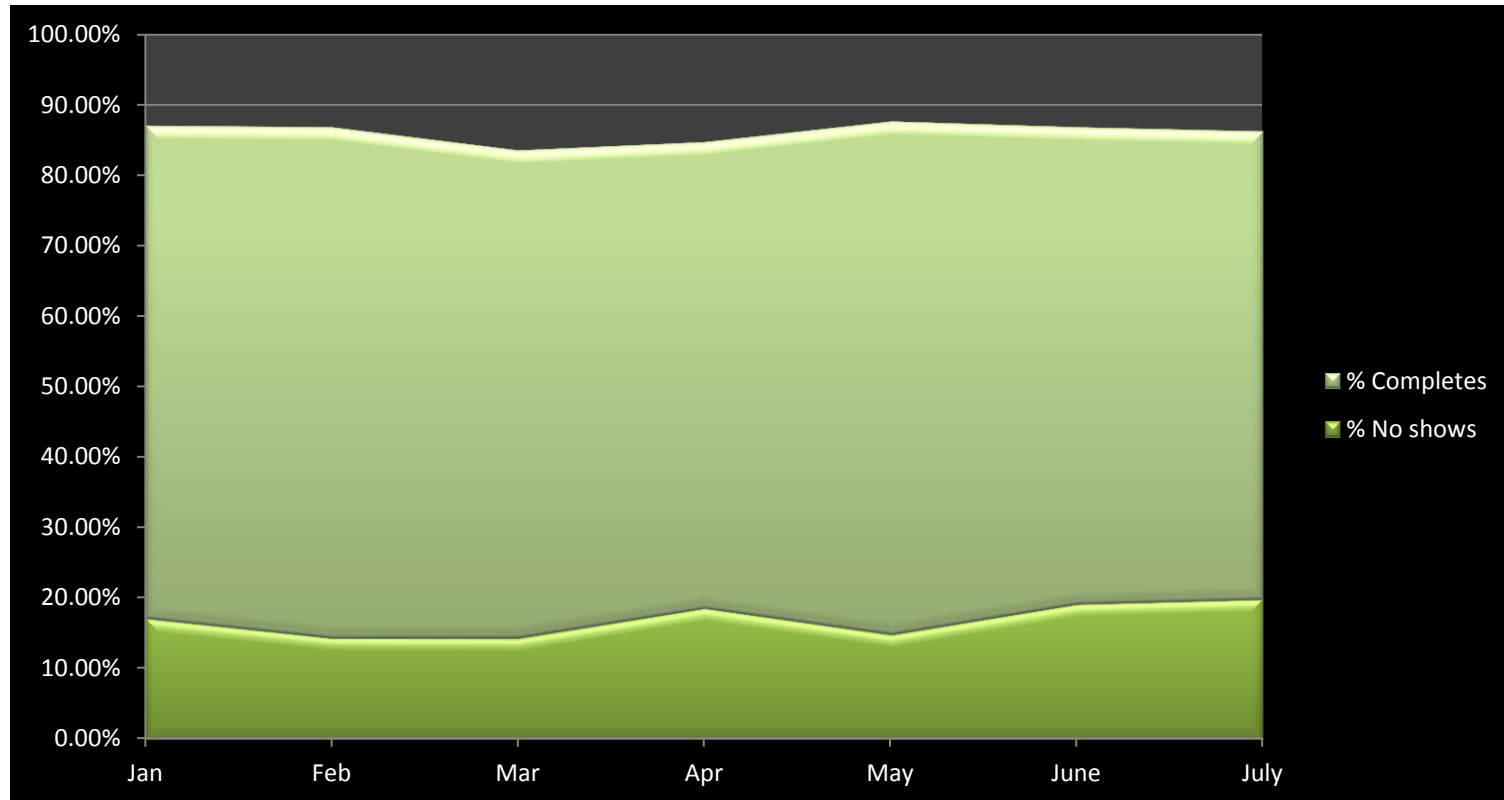
- **52% had forgotten their appointment.**
- **20% had a transportation issue.**

Quality Tools - Pareto Chart



Findings: Analysis of all No Shows by appointment type for the year 2012 show the top five types are Second Contact, Check Pick-up, Recertification, Health Assessment, and Registered Dietitian. Of these five appointment types: Second Contact, Check Pickup, and Recertification comprise 74% of the no shows appointments.

2013 Client Appointment Outcomes



One of our project targets was to decrease unfilled available appointment time by 5%.

Quality Tools - Improvement

Identify Potential Solutions:

- Improve our client appointment reminder system by calling two days before the appointment rather than the current practice of calling one day before.
- Provide 2C clients with additional options for nutrition education that do not require a formal one-on-one appointment with a WIC certifier.

Develop an Improvement Theory:

- *If we reduce no show appointments **then** our overall caseload will go up.*
- *If we have fewer 2C clients needing 15-minute one-on-one appointments with a WIC certifier, then we will have additional appointment time available for new clients.*

DO

Test the Theory

- For a period of 3 weeks our clerk called clients two days before the appointment as a reminder.
- A client Education Room was created to accommodate clients preferring this option to a 15-minute in-person meeting. Clients were surveyed regarding their experience.

CHECK

Study the Results

- Calling clients two days prior to an appointment did not improve “no show” rates. Unfilled time actually increased for certifiers from 11% to 15%.
- Based on our initial pilot, we estimate that between 360-720 clients/year will use the Education Room (15 minutes of certifier time saved per client) for an annual cost savings in the range of \$3,500 to \$7,000.
- 61% of clients using the Education Room appreciated the convenience of this new option.

RETURN ON INVESTMENT

TOTAL FINANCIAL BENEFITS

\$5,250.00 X 5 YEARS = \$26,250

(mid-range annual savings for 2C education option projected over five years)

TOTAL PROJECT COSTS

\$13,942

ROI Calculation: $(\$26,250 - \$13,942) / \$13,942 = 0.8828$

ROI RESULTS:

After deducting costs, our Community Health Division received 88 cents in return for every \$1 invested in this quality improvement project.

ACT

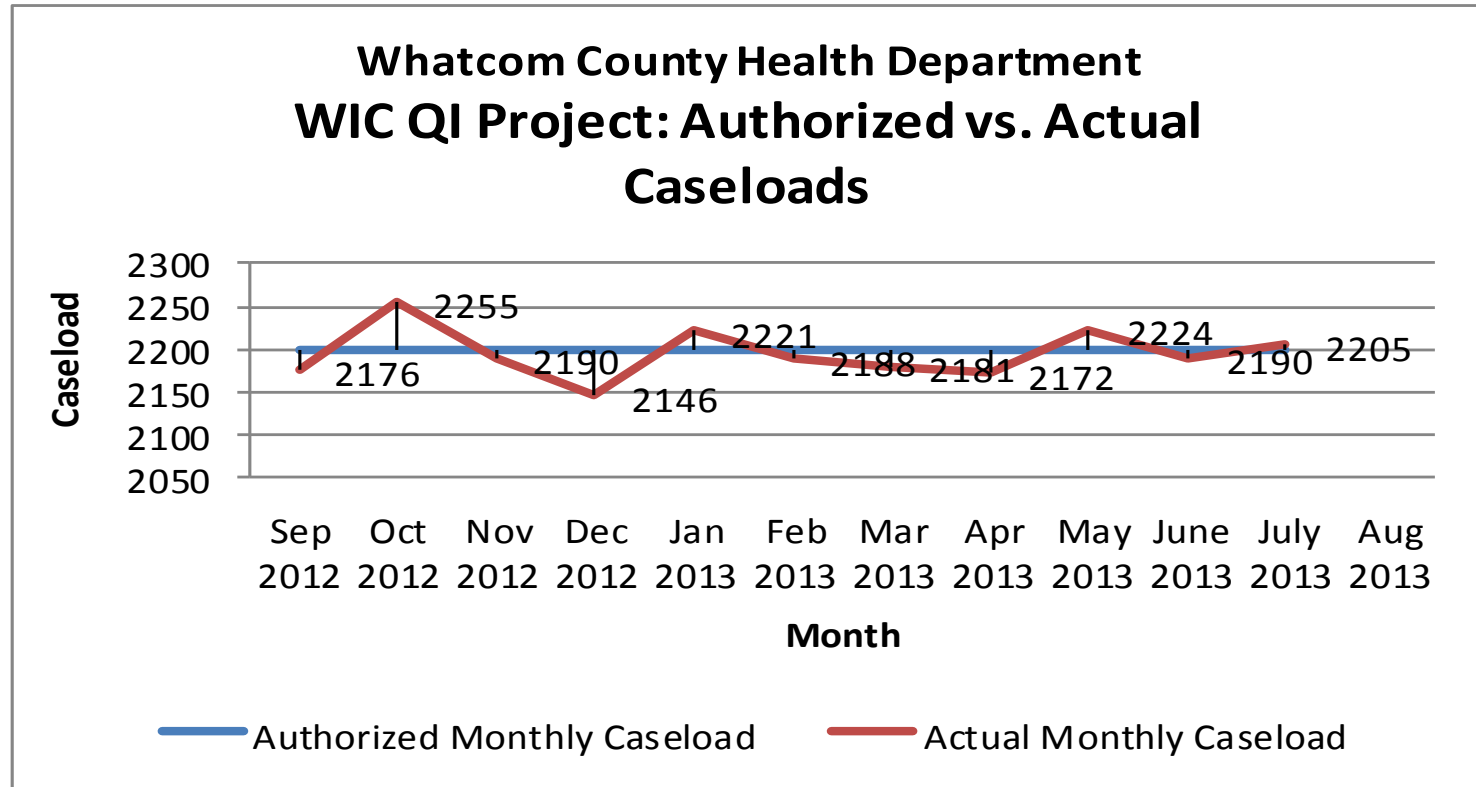
Standardize the Improvement or Develop New Theory

- The Education Room option will expand to serve WIC clients that walk-in that have missed their appointment as well as scheduled 2C's.
- An option will be offered where clients can complete their education component online at home.

NEXT STEPS: Establish Future Plans

- ✓ Improve the accuracy and efficiency of WIC data collection.
- ✓ Explore the feasibility of text messaging appointment reminders to clients to decrease “no shows.”
- ✓ Create an effective marketing plan to attract new WIC-eligible clients.

WIC Long-term Goal



Increase the number of eligible WIC clients served by maximizing use of available appointment time.

KEY LEARNING

KEY: 1=not at all and 5=extremely

Question	Average (mean) response 1 st Quarter (n=5)	Average (mean) response 2 nd Quarter (n=5)	Average (mean) response 3 rd Quarter (n=5)
To what extent was I committed to helping achieve the group's meeting goals?	4.4	4.4	↑ 4.6
To what extent was the discussion open, with sharing of diverse ideas and perspectives?	4.0	3.8	↑ 4.6
To what extent did I say or contribute what I thought was important to achieving our goals?	4.0	4.0	↑ 4.4
To what extent were the goals clear for each meeting?	3.4	3.8	↑ 4.2
How valuable were the goals compared to other things we need to accomplish?	3.3	4.0	↑ 4.2
Overall, how effective was the group in meeting its goals?	3.8	4.2	↓ 4.0



Our Community Health staff has increased their capacity to do quality improvement. Staff is more confident in doing QI and has a better understanding of why QI is important.

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